



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

AUTUMN NEWSLETTER 2024

PRESIDENT'S MESSAGE

A very nice fall to all.

The most significant development in Dentistry in Hong Kong recently has been the 'historic' and 'first large-scale and comprehensive' change to the Dentists Registration Ordinance (DRO) on 10 July 2024. This change, which is the first of its kind in over 60 years, will allow eligible non-locally trained dentists to register in Hong Kong, introduce a one-year internship arrangement for local dental graduates tentatively to commence in Fall



2025, and make Continuing Professional Development (CPD) mandatory from 2026 onwards (3-year cycle), among other new provisions. These legitimate changes bring challenges and opportunities to the dental communities. It's crucial for all of us to understand and adapt to these changes and to support the CDSHK and its Council and Committees as we navigate these new developments

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and continue delivering high-quality training, assessment of dentists, and the promotion of oral health to all in Hong Kong and beyond.

On behalf of the College, I want to extend my appreciation to each one of you, including Past President Dr. Simon Ho, previous and current Council members, and all who have contributed to the meetings, discussions, and consultations with the Health Bureau and/or the Secretary of Health. Your support and ideas have been invaluable in our interactions with the Health Bureau, the Dental Council of Hong Kong, and the Department of Health. Your dedication has enabled us to effectively represent the views of CDSHK, and your continued involvement is crucial for our future endeavors as the amended DRO unfolds.

Over the past few months, several significant activities have taken place. In February, I had the honor of representing the College at the Media Spring Luncheon organised by HKAM. The event covered a range of topics, including HKAM's involvement in the Shenzhen-Hong Kong Medical Specialties Training Center, healthcare professionals' well-being and patient safety, and the adoption of Artificial Intelligence (AI) in healthcare. Later in the year, I had the privilege of joining a team with four sister Colleges in a 31-member Health Personnel Course in National Affairs, Chinese Academy of Governance, Beijing. This experience provided me with valuable insights into national direction and development, especially regarding medical care and healthy aging initiatives. I am excited about the potential for CDSHK and the Hong Kong SAR to align our education, training, and assessment with Greater China's strategies and development, especially for better healthcare, Belt and Road initiatives, and 'A human-kind community with a shared future.' In late June, I had the pleasure of joining the HKAM in welcoming new members of the Young Fellows Chapter, and representatives of CDSHK Dr Wong Wing Sze Kaye and Dr Lee Siu Hong Alfred, Chair and Vice-Chair of the Dental Young Fellows Chapter.

In late July, a convoy of fifteen representatives, including HKAM President Prof Gilberto KK Leung, Vice President Prof Philip KT Li, Honorary Secretary Dr Wing Cheong Leung, and Editor Prof Martin CS Wong, and nine College representatives, including myself and the HKAM Secretariat, attended the 57th Singapore-Malaysia Congress of Medicine 2024, which was themed 'Women's Health' and 'Women in Medicine.'

Within CDSHK, we organised a Competency-Based Medical Education (CBME) retreat in early June and the Scientific Meeting at the end of July, with great thanks to Dr Tom FT Ho and Dr Dominic KL Ho respectively. Of course, the contributions of our renowned speakers, Dr Hing Yu So, Dr Chun Tat Lui, Dr Fei-Chau Pang, Prof Colman P McGrath, and our Secretariat team, were gratefully acknowledged.

On behalf of the CDSHK Council, may we wish you all a wonderful 2024 Fall and a joyous festive season later this year.

Professor LEUNG Wai Keung

President

IMPLEMENTATION OF COMPETENCY-BASED MEDICAL EDUCATION: RATIONALE & GUIDANCE

The Hong Kong Academy of Medicine position paper on postgraduate medical education 2023 recommended that “Colleges should continue to advance specialist training towards CBME (Competency Based Medical Education)”.¹ Following this recommendation, the College of Dental Surgeons of Hong Kong (CDSHK) has begun its transition towards CBME. This article, based on a talk delivered during a planning retreat on 9 June, 2024, aims to clarify the rationale for moving towards CBME, define what CBME entails, and offer guidance on implementing this approach in postgraduate dental education.

Rationales for Transition to Competence Based Medical Education

The ‘traditional’ training system that most of us have experienced is based on Abraham Flexner’s report on medical education published in 1910.² It features a teacher-centred process, a focus on knowledge acquisition, sporadic subjective assessments, progression through training within a fixed timeframe, and a final summative assessment at the end of training.³ However, this system is inadequate in preparing specialists required for the 21st century healthcare system: doctors who can accommodate rapid advances in medicine, understand patient perspectives, appreciate the skills of other health professionals, and effectively collaborate in teams. The IOM Report “To Err is Human” highlighted the alarming incidence of avoidable patient harm resulting from communication, teamwork, and diagnosis failures.⁴ The subsequent IOM Report, “Crossing the Quality Chasm”, recommended the restructuring of clinical education to align with the principles of the 21st century health system.⁵ Competency-based medical education (CBME), defined as “an approach to prepare physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs”⁶, has been hailed as a solution to the change in postgraduate medical education due to several key reasons:

- 1. Outcome-focused:** The traditional approach to postgraduate training does not guarantee that all graduates will demonstrate competence in all areas of their intended practice. In today’s environment of increased accountability and scrutiny, medical educators must ensure that every graduate is fully prepared for practice. CBME focuses on clearly defined outcomes in all essential domains of competence and is directly aligned with the needs of those who will benefit from the graduates’ services.⁷

2. **Ability-based:** Traditional reductionist approach based on knowledge objectives prioritise knowledge over skills, attitudes and critical thinking in practice. Furthermore, the use of independent lists of knowledge objectives can result in fragmented learning experiences that lack integration across the curriculum. In CBME, the curriculum focuses on developing specific competencies or abilities rather than extensive lists of knowledge objectives.⁸
3. **Learner-centred:** CBME empowers trainees to actively manage their own learning and growth by providing a clear roadmap towards competency. This approach allows trainees the flexibility to adjust the time spent on different learning tasks as needed.⁸
4. **De-emphasis of Time-based Training:** In traditional training approaches, the emphasis is often placed on the duration of time spent in training rather than the actual skills and abilities acquired. However, CBME shifts this focus to prioritise the development of learners' abilities. This allows for individual learners to progress at their own pace, which may result in some learners advancing faster or slower than their peers in certain curricular components. A curriculum that allows for flexible time periods can be more effective and engaging compared to a rigid time-based curriculum.⁹

Core Components of CBME

CBME deviates from the traditional approach in multiple ways, with two key features standing out: (1) the redefinition of medical specialists to incorporate competencies which are essential for delivering safe and effective patient care in modern healthcare systems, and (2) a strong emphasis on certifying doctors based on outcomes (i.e., demonstrated competence) rather than inputs (e.g., time spent in training or the number of procedures completed).³ In order to achieve that, the 3 elements of the curriculum: outcome objectives (competencies), and teaching activities, and assessment strategy much be aligned.¹⁰

1. Outcome Objectives (Competencies)

As mentioned, healthcare professionals must master multiple competencies to navigate the modern health care system. The Hong Kong Academy of Medicine has defined 7 domains of competencies for all “Hong Kong’s Specialists”: professional expertise, interpersonal communication, team work, academic, health promoter, manager-leader, and professionalism.¹¹

- i. Outcome competencies required in each speciality should be clearly defined, reflecting a comprehensive understanding of the practice-based skills needed to meet the needs of both society and patients.¹² These competencies should be developed through a consensus among

professionals in the field. We can begin by identifying the specific tasks carried out within the specialty, categorising them into different domains. Each task should then be analysed to determine the knowledge, skills, and attitudes needed to perform it effectively.¹³ One effective method for specifying these requirements is the ABCD method.¹⁴

- ii. These competencies should then be organised in a way that leads to a logical developmental sequence to guide development of learning and teaching activities.

2. Learning & Teaching Activities

Instead of acquisition of knowledge, CBME emphasise the application of knowledge⁸ This involves using authentic tasks in the workplace to integrate the various competencies and avoid fragmentation, the so-called “whole-task approach”.¹⁵ There are 2 principles to guide the design of these learning and teaching activities.¹²

- i. To achieve the sequence of development, learners must be provided with tailored learning experiences in the workplace. These workplace-based learning activities should be flexible enough to accommodate variations in the needs of individual learners and should be self-directed by learners.
- ii. The work experience should be complemented by teaching methods that enhance the development of competencies. This includes utilising coaching techniques and encouraging reflective thinking. These practices should be personalised for each learner, taking into account their performance and the skills needed to advance to the next level of learning.

3. Assessment Strategy

Assessment in CBME serves a dual purpose of determining whether standards are met and guiding the learning process. Rather than relying on a single summative assessment at the end, multiple assessments are necessary, including direct observation of authentic tasks. Programmatic assessment practices are utilised to support and document competency acquisition. Formative assessment plays a crucial role in informing the learning process in CBME.

Implementation of CBME

Implementing CBME is challenging, but there are four key strategies that can be employed to tackle this endeavour.

1. Design

The curriculum must be overhauled to ensure that the core components described above are in line with one another. This redesign process will likely require a substantial investment in

resources and training for educational leaders. The Royal College of Physicians and Surgeons of Canada has recently highlighted their successful completion of this transformation over the past decade. This achievement was made possible through centralised support from the RCPSC, which facilitated collaboration in setting standards with individual disciplines. The disciplines were organised into cohorts, and the transformation process was implemented sequentially rather than all at once. The RCPSC provided training based on relevant theoretical frameworks to assist in the development of standards, preparation for implementation, and the development of participants.¹⁶

2. Empower and Engage

Extensive faculty development is essential for trainers to effectively meet the demands of Competency-Based Medical Education (CBME). The Hong Kong Academy of Medicine supports this through Workplace-based Assessment Workshops organized by its HKJC Innovative Learning Centre for Medicine (ILCM) in collaboration with individual colleges.

CBME emphasizes learner-centered education and self-directed learning, highlighting the need to empower trainees to adopt new learning strategies. The ILCM offers workshops tailored for doctors in training to support this goal.

Training for both trainers and learners goes beyond acquiring knowledge and skills, focusing on reshaping attitudes towards medical education. Two key paradigm shifts include transitioning from a culture of achievement to lifelong learning and moving from assessment for regulation to assessment for learning.³

3. Culture & Leadership

Implementing the above strategies necessitates a culture that supports curricular transformation. Misinformation and resistance to change often contribute to fears and scepticism. Overcoming these barriers requires a revision of beliefs about the role of learners and education. Organisations with educational leaders who understand the need for change can persuade others, and allocate resources effectively are more likely to succeed in fostering necessary cultural shifts.¹⁷ Promoting programmes to develop educational leadership, such as the workshops organised by Canadians, can empower leaders to drive change, enhance faculty development, and establish standards.

4. Evaluation & Research

Implementation of CBME should be viewed as an ongoing process rather than a one-time project. It is important to continuously evaluate and refine the implementation using the plan-

do-study-act cycle to identify areas in the design, empowerment, engagement, and leadership that need improvement and reinforcement. Experimenting with new strategies and evaluating their effectiveness is also crucial. To effectively evaluate the implementation, a combination of quantitative and qualitative methodologies should be used.¹⁷ While many may be comfortable with quantitative methods such as questionnaires and surveys, there may be a lack of familiarity with qualitative methodologies. The ILCM offers a training program for qualitative methods to support these evaluation efforts.

Ultimately, it is crucial to acknowledge that CBME is constantly evolving to align with the changing demands of healthcare and educational systems, rather than remaining static. It encompasses a variety of concepts, principles, tools, and approaches that should be implemented with careful consideration of the specific context. When implemented efficiently and with adaptability, CBME holds the potential to enhance all training programmes, ultimately leading to enhanced outcomes for both patients and populations.

Dr SO Hing Yu

Educationist, Hong Kong Academy of Medicine

References

1. So HY, Li PKT, Lai PBS, et.al. Hong Kong Academy of Medicine position paper on postgraduate medical education. *Hong Kong Medical Journal* 2023; 29(5):448-452
2. Flexner A. *Medical Education in the United States and Canada*. Washington, DC: Science and Health Publications, Inc.; 1910.
3. Ten Cate O, Billett S. Competency-based medical education: origins, perspectives and potentialities. *Medical Education* 2014; 48:325-332
4. Institute of Medicine. *To Err Is Human: Building a Safer Health System*. Washington, DC: The National Academies Press, 2000
5. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press, 2001.
6. Frank JR, Snell LS, Ten Cate O, Holmboe ES, Carraccio C, et.al. Competency-based medical education: theory to practice. *Medical Teacher* 2010; 32(8):638-45
7. Voorhees AB. Creating and implementing competency-based learning models. *New Dir Instit Res* 2001; 110:83–95.
8. Carraccio C, Wolfsthal SD, Englander R, Ferentz K, Martin C. 2002. Shifting paradigms: From Flexner to competencies. *Academic Medicine* 2002; 77(5):361–367.
9. Long DM. Competency-based residency training: The next advance in graduate medical education. *Academic Medicine* 2000; 75(12):1178–1183.
10. Biggs J. Teaching through constructive alignment. *Higher Educ* 1996; 32:347-64
11. Hong Kong Academy of Medicine (2010) Position Paper on Postgraduate Medical Education.
12. Van Melle E, Frank JR, Holmboe ES, Dagnone D, et.al. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. *Academic Medicine* 2019; 94(7):1002-1009
13. Bloom BS, Engelhart MD, Furst ED, Hill WH, Krathwohl DR. *Taxonomy of educational objectives: The classification of educational goals. Vol. Handbook I: Cognitive domain*. New York: David McKay Company, 1956.
14. Heinrich, R. Molenda M, Russell JD & Smaldino SE. *Instructional Media and Technologies for Learning* 7th Ed. NJ: Merrill 2001.
15. van Merriënboer JIG & Kester L. Whole-Task Models in Education. In: Spector JM et.al. (Eds) *Handbook of research on educational communications and technology*. 3rd Ed., 2008.
16. Karpinski J, Stewart J, Oswald A, et.al. Competency-Based Medical Education at Scale: A Road Map for Transforming National Systems of Postgraduate Medical Education. *Perspectives on Medical Education* 2024; 13(1):24-32
17. Frank JR, Danoff D. The CanMEDS initiative: implementing an outcomes-based framework of physician competencies. *Medical Teacher* 2007;29:642-7.

COLLEGE RETREAT 2024

Background

The initiation of thoughts on the College Retreat was at the beginning of the year. Some Councillors talked about the future direction of the College after its establishment 30 years ago, especially regarding the training and specialist pathways. In order for the College to develop, some gaps need to be resolved. When the The Hong Kong Academy of Medicine (HKAM) organised the first CBME seminar early in the year, it was a great opportunity to learn how different colleges review their curriculum and how the Competency-Based Medical Education (CBME) approach improves their specialist training. Moreover, our College has been discussing the issue of curriculum review for quite a few years. Because the pace of different specialties varies, it would be beneficial to organise a meeting to bring all specialties together to better understand CBME, with the hope that our specialties will work together to complete the task.

The College Retreat

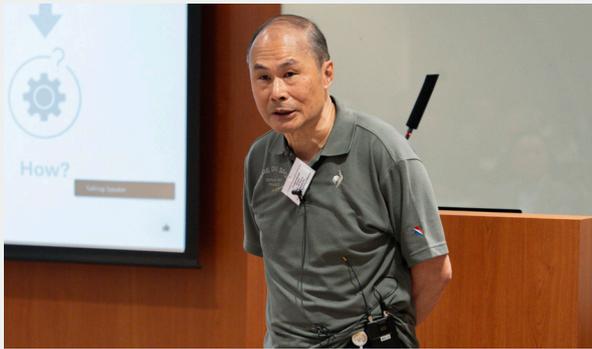
Using the term “College Retreat” makes it easy to remember and identify as an important event for the College. Some people queried the term “Retreat”, because they think that it is linked to relaxation. However, it could also mean “to refresh and reflect”.

The direction and the changes are driven by the understanding of medical education and the needs of our society. The design of the College Retreat was therefore focused on the understanding and the implementation of the CBME in the training of our eight Specialties. Previously, the emphasis was on what to teach; however, CBME focuses on what the candidate learns, comprehends, and does. For example, in the past, we may have written “To teach how to make a cake”. Now, it is better to write “The students can follow the recipe to make a tasty cake after the three-hour workshop.”



The design of the College Retreat

The retreat was designed in three parts. For the first part, through the lecture on the CBME, presented by Dr. SO Hing Yu, the Educationist of HKAM, the participants learned the principles, the benefits and the implementation of CBME. The experience of the College of Emergency Medicine shared by Dr. LUI Edward, the Censor-in-Chief of the College of Emergency Medicine (EM), can inspire the participants in their training program revision.



The second part included sharing of experience by two specialties, Periodontology and Oral Maxillofacial Surgery, on their training program review. Through the sharing and discussion, the other specialties could learn the process and understand the potential challenges. Besides, the two specialties can have a chance to reflect on what they have already achieved.



The third part was a mini-workshop. Participants could gain a better understanding of the topic and how to use the CBME in their training program review by practicing identifying competencies and writing learning outcomes. The aim was for participants to gain more confidence and eagerness in performing these tasks.





It is not the moment; it is a movement.

The College of Emergency Medicine has employed CBME in their curriculum for more than eight years, but they continue to explore and reflect on the way of the training and assessment and are now at version 21 of the new curriculum.

The Curriculum review is an essential first step. It is also a spiral process. When we have a better understanding of medical education through learning and implementation, we can continue to review the curriculum. As a result, training will continue to revolve. To enhance the capability of training and assessment, Specialties are encouraged and supported to participate in educational courses run by the HKAM, such as BMEC, WBA, BASE, LOI, Simulation etc. Besides, we hope we can organise similar courses in the future for our own College.

In conclusion, curriculum review is a spiral process. The implementation of CBME is the direction of the training and assessment in medical education. This requires the participation of Specialty Boards, Supervisors, Trainers and Trainees. I hope that we can work together to accomplish this, for the betterment of specialist training and a better dental profession.



Dr HO Fu Tak
Vice-President (Education & Examinations)

WHAT'S NEW IN SPECIALIST TRAINING IN PERIODONTOLOGY?

Our College has established the current training pathway in a structured way for more than 20 years, which is the foundation to the successful establishment of the College we belong to today. However, after all these years, the focus and needs of the general public have changed and so have the education aims and outcomes. Being one of the specialties under the College, Periodontology has taken more steps to enhance our training so as to keep up with the continuous advancement of society.

The previous way of specialist training in Periodontology

The specialist training in Periodontology encompasses a minimum of 6 postgraduate years. It consisted of 4 years of Basic Training and 2 years of Higher Training. Basic Training was composed of a one-year general dental practice period, followed by a structured 3-year Master programme of clinical Periodontology offered by the Faculty of Dentistry, the University of Hong Kong. After passing the Intermediate Exam, a minimum period of 2-year supervised Higher Training period began in the Faculty of Dentistry, HKU. Since the implementation of structured specialist training, Higher Training was considered as a continuation of Basic Training with broader exposure to various advanced and severe cases in Periodontology. Comprehensive documentation of cases during Higher Training was recommended so that at the end of the training, Higher Trainees were able to submit 40 cases for presentation during the Exit Exam.

Recent changes to specialist training

Since 2020, the MDS (Periodontology) programme in the Faculty of Dentistry, the University of Hong Kong, has been accredited by the European Federation of Periodontology (EFP). The EFP accredited postgraduate programme is a competence-based curriculum. It has become our structured programme in Basic Training and a variety of competencies, learning outcomes and content are now listed out which should be achieved. After completion of the programme, the Basic Trainee is considered as a dental specialist in Periodontology in Europe.

We have also expanded our accredited training centre for Higher Trainees to Sai Ying Pun Government Dental Clinic under the Department of Health, Hong Kong. Alongside these changes, the review of structure and content of Higher Training has been completed in 2023. Currently, the Higher Training is in line with Basic Training with eight domains of competencies as the

learning outcomes. The domains of competencies covered in our Higher Training programme are also similar to the suggestions proposed by the HKAM position paper 2023 on postgraduate medical education. We have made some minor modifications to suit our training requirements in Periodontology.

So far, a few alterations have been implemented in accordance with the competency-based training. Trainees are required to keep a record of training throughout the training period in a logbook. The training logbook is a record of Trainee's attainment of required competence for a specialist. The format of the Exit Exam has been adjusted and marking rubrics are formed in connection with the competency-based learning. As mentioned previously, our traditional Higher Training focused on case-type management, and now coupled with competency-based learning, a full implementation of Competency Based Medical Education is in force, aiming to train our specialists to have skills and prowess in line with the increasing expectations of the public and society.

Dr CHENG Hung Wai, Ronald

Chairperson, Specialty Board in Periodontology

Dr Tsang Yiu Cheung, Elvis

Secretary, Specialty Board in Periodontology

CDSHK SCIENTIFIC MEETING 2024

PROMOTING ORAL HEALTH AND HEALTHY AGING: STRATEGIES FOR GERIATRIC PATIENTS

Given a rapidly aging population across the globe, the accompanying escalating medical burden has caught the attention of both healthcare policy makers and frontline healthcare providers. The theme of this year's Annual Scientific Meeting was "Promoting Oral Health and Healthy Aging: Strategies for Geriatric Patients". The 2-day scientific symposium and hands-on sessions served as an invaluable platform for sharing of knowledge and insights, contemporary research and evidence, as well as clinical experiences and strategies.



In response to the challenges arising from the aging population and increasing prevalence of chronic diseases, the Health Bureau of the HKSAR Government has released the Primary Healthcare Blueprint in December 2022. We were honored to have Dr PANG Fei Chau, the Commissioner for Primary Healthcare, kick off the meeting and deliver the Keynote Lecture titled "Development of Preventive Care in Medical and Dental

Care in Hong Kong". Dr PANG shared their works on strategies and delivery of primary healthcare. One of the key objectives is to strengthen the services and better utilize the resources by tipping the balance from treatments towards prevention. Current public dental services as well as increased future collaboration between the medical and dental field were also highlighted. After all, we are optimistic that "the mouth is put back to one's body".

In our daily clinical practice, geriatric patients coming in could bring along with them a huge variety of oral health problems. We were delighted to have distinguished local speakers from different specialties coming together to share with us tactics to overcome those challenging cases.

Following Dr PANG's lecture, Prof Colman McGRATH, Clinical Professor in Dental Public Health, continued the discussion about the impact on oral health care. With special care dentistry, and particularly aged care, being one of his expert clinical and research areas, Prof McGRATH compiled and elucidated further the latest global data and models of this agenda and shared his insights on successful and healthy aging in the context of oral health.





Dr LAW Yee Hung Yolanda, Specialist in Oral and Maxillofacial Surgery, generously showcased her colorful atlas of oral pathologies in geriatric patients that she encountered in her office. Dr LAW's presentation not only giving us an eye-opening overview of both common and uncommon conditions, but also enhanced our ability to recognise, promptly intervene or refer some of the not-so-benign conditions.



The second day of the Meeting was started again by topic that is more preventive-oriented. Dr. WONG Sing Yan Philip gave us a lecture on the metabolic disease model and its relationship with oral health and health span. He walked us through a novel concept of epigenetics, mechanistic relationships between various metabolic problems, e.g., insulin resistance, and oral conditions, non-pharmaceutical lifestyle management, etc.



Through the discussion, the audience had a chance to reflect on and re-examine their health strategies, both as a health-conscious individual and a healthcare professional.



Apart from the hard and soft tissue pathologies which were covered on the first day of the Meeting, tooth loss and the subsequent decline in masticatory capability would undoubtedly be another impactful matter to the elderly, in a detrimental way. Dental caries and periodontal disease have long been the leading causes of tooth loss. Prof LO Chin Man Edward, Specialist in Community Dentistry, gave us a review on the characteristics and associated factors of root caries. The utilisation of minimally invasive procedures, such as atraumatic restorative treatment (ART) and topical fluoride application, in particular silver diamine fluoride (SDF) solution, were discussed.



Prof LEE Angeline Hui Cheng, Specialist in Endodontics, was also invited to walk us through some of the "geriatric-specific" endodontic challenges in which routine treatment approaches cannot always be



readily applied. Her vibrant recapitulation and roleplay on how to tackle these unfortunate events added a lot of fun to our meeting.



When it comes to periodontal disease, tooth loss may perhaps be only the beginning of the nightmare. Classic presentation of pathological tooth migration and secondary occlusal trauma, so on and so forth, can further complicate the situation. It was our pleasure to have Prof FOK Melissa Rachel and Dr WAN Kong Yuk Annie, our Specialists from Periodontology and Prosthodontics to interchange their ideas and clinical experiences on rehabilitating elderly patients. Prof FOK first discussed periodontal considerations in planning for tooth replacement in geriatric patients. She also gave us an in-depth appraisal on the potential of utilising the shortened dental arch concept in older adults. When Dr WAN was on stage, she beautifully presented the use of removable prostheses as an economical yet highly effective solution in rehabilitating old-aged patients through management of cases commonly found in geriatric patients, e.g., profound tooth drifting, reduced occlusal vertical dimension, severe tooth wear, etc. Sometimes, collaboration with orthodontic colleagues also plays a crucial role in managing the sequelae of tooth losses, especially in cases when teeth migration becomes unsightly.



Dr YEUNG Yat Cheong, Specialist in Orthodontics, joined in to explore the orthodontic considerations and assess the relevant factors to consider when executing their biomechanical plans. The realignment of the deranged dentition greatly facilitates the rehabilitation and improves the long-term maintainability of the dentition.



The Annual Scientific Meeting was concluded by a presentation of a clinical case which was jointly managed by colleagues from periodontics, orthodontics and prosthodontics. Thanks to the presentation by Dr CHAN Yat Him (Periodontology), Dr SUM Fung Hou Mineaki Howard (Orthodontics) and Dr CHU Ryan Julian Dick Hei (Prosthodontics), we can appreciate how our

colleagues from different specialties can put together our expertise into clinical execution and work for the best interests of our patients.

Apart from the informative lectures, two hands-on workshops were held.



Prof LIM Tong Wah and Dr WAN Kong Yuk Annie jointly organized the workshop “Restorative Solution for Open Gingival Embrasures” to address the aesthetic concern of black triangles. Direct restorative



technique using composite resins is considered a straightforward and cost-effective solution to camouflage the interdental spaces. The injection molding technique was demonstrated to achieve aesthetically pleasing results by the use of anatomical clear mylar matrices.



Last but not least, I personally held the workshop “Alveolar Ridge Preservation: Current Evidence and Techniques”, which covered techniques for ARP in terms of handling of biomaterials and wound management with different suturing techniques. The clinical approach opened another treatment option and alternative to routine guided bone regeneration aiming at minimising the invasiveness of implant therapy, in particular with additional advantages for geriatric patients.



Finally, I would like to express my sincere gratitude to all the Speakers, Moderators, Members of the Scientific Meeting Committee, College Secretariat and the HKAM Technical Support Team for their collaborative effort in preparing for this Meeting. Support and invaluable feedback from the attendees are greatly appreciated. I would also like to take this opportunity to acknowledge the generous and unceasing support from our sponsors – Haleon, Peak Dental Solutions HK Ltd./ Modern Dental Laboratory CO. Ltd., Solventum Hong Kong Limited, Nobel Biocare Asia Ltd., Medical Protection Society, Colgate Palmolive HK Ltd., and KT Medical Supply Limited. Together, we have made the Annual Scientific Meeting 2024 a huge success.



I hope this Scientific Meeting has served as the beginning of knowledge exchange among different dental specialties on geriatric dental care. Let's collaborate and move towards providing even better care for our aging population.

Dr HO King Lun, Dominic
Specialist in Periodontology
Chairman, Scientific Meetings Committee

THE HKAM COUNCIL DINNER WITH DISTINGUISHED YOUNG FELLOW

This year, two Young Fellows from the College of Dental Surgeons of Hong Kong (CDSHK), Dr Charles Yeung Yat-cheong (Specialist in Orthodontics) and I, were honoured with the Distinguished Young Fellow Award. We were invited to the HKAM Council Dinner, where we had the privilege of meeting members of the Academy Council. The dinner was enriched by the insightful sharing of our distinguished guest, Professor Rosie Young.



It was a wonderful opportunity to connect with all the Distinguished Young Fellows of this year from other sister Colleges, united by a shared vision. I was particularly moved by Professor Rosie Young's speech. Her emphasis on the importance of continuous learning and making meaningful contributions resonated deeply with me. Her words have inspired me to pursue further advancements in my field and to contribute significantly to my profession and society.

During the dinner, there was a lucky draw in which three awardees were chosen to give a speech. The excitement among the awardees was palpable. Another highlight of the evening was the distinguished dish – poached salmon – prepared using Dr Donald Li's recipe, specially made for the Council Dinner.

Last but not least, I would like to express my heartfelt gratitude to the College of Dental Surgeons of Hong Kong and the Hong Kong Academy of Medicine for this Distinguished Young Fellow Award. I am deeply grateful for the nomination, support, and guidance of the Specialty Board of Family Dentistry, whose contributions have been instrumental in my journey.



In the photo (from left): Prof LEUNG Wai Keung, Dr YEUNG Charles, Dr NG Amy and Prof LEUNG Gilberto

Dr NG Sheung Chun Amy
Specialist in Family Dentistry

DENTAL YOUNG FELLOWS CHAPTER (DYFC)

Hello all,

We would like to introduce our new committee for the year 2024-2025, with Young Fellows from all eight specialties. We aim to engage Young Fellows, and all other members of the college with various social and educational activities in the year ahead. Don't hesitate to contact us if you have any fun-filled activities or urging educational topics in your mind!



*Front row, starting from the left: Dr NG Sylvia (Orthodontics), Dr LO Ada (Endodontics), Dr LIU Henry (Periodontics), Dr LEE Alfred (Oral and Maxillofacial Surgery), Dr WONG Kaye (Community Dentistry)
Back row, starting from the left: Dr CHEUNG Alex (Prosthodontics), Dr CHU Justine (Pediatric Dentistry), Dr AU YEUNG Rita (Family Dentistry)*

Our first activity, milk tea and egg tart workshop was held successfully on 11th August 2024. All the participants had a better understanding of the making of milk tea and egg tarts, which are traditional Hong Kong delicacies. After the KamCha master's tutorial and live demonstration, we then had our own go with preparing milk tea and baking egg tarts. In addition to satisfied palates, we also had a fun time together.



Participants listened to the tea master with full attention.



Tea master showed his amazing skill of making tea base.



Everyone had a great time, great tea with delicious egg tarts!

Stay tuned and see you in our upcoming activities!

Dr WONG Wing Sze Kaye (Chairperson)
Dr LEE Siu Hong Alfred (Vice-Chairperson)
Dr AU YEUNG King Sang Rita (Secretary)
Dental Young Fellows Chapter (2024-25)

OVERSEAS TRAINING IN PERIODONTOLOGY – HÜRZELER ZUHR ACADEMY, KING’S COLLEGE LONDON, & UNIVERSITY COLLEGE LONDON

I am very grateful to have been awarded the CDSHK Scholarship to go to Munich, Germany, and London, the United Kingdom, to receive further training in Periodontology and Implant Dentistry, as well as to observe the postgraduate periodontology programmes at University College London (UCL) and King’s College London (KCL). The details of the training and visits are as follows:

5th Feb 2024 – 9th Feb 2024	5-Day Course by Prof Dr Markus Hürzeler & Dr Otto Zuhr
12th Feb 2024	Visit to King’s College London
13th Feb 2024	Visit to University College London
14th Feb 2024	Attachment & Seminar in University College London
15th Feb 2024	Meeting with Postgraduate Student
16th Feb 2024	Attachment & Seminar in King’s College London

Master Week with Prof Dr Markus Hürzeler & Dr Otto Zuhr



The 5-day course, running from 9am to 5pm every day, was on periodontal resective surgery and implant therapy. It aimed to introduce the concept of applying the most updated knowledge and surgical skills to traditional periodontal and implant treatments. This course was at a very advanced level, and participants were expected to have a sound understanding of basic knowledge and theories, years of clinical experience, and good clinical skills. There were eighteen participants, joining from all over the world, including the United States of America, Germany, Switzerland, Czech Republic, Korea, Hong Kong, Australia, and New Zealand. Most of them are experienced periodontists who have been practising for many years, teaching postgraduate programmes, or have even established their own academy.

Minimally Invasive Resective Surgery

Periodontal resective surgery has been recognised as a type of periodontal surgery that involves opening extended flaps, sacrificing soft tissues or hard tissues, and causing discomfort and pain

to the patient. On the other hand, minimal invasive surgeries are commonly correlated with regenerative and reconstructive periodontal surgeries. It might seem like these two concepts do not go together at all. Remarkably, by considering the most updated histological and clinical research, along with skilfully employing the advantages of micro-blades and micro-instruments, Prof Dr Markus Hürzeler demonstrated a whole new dimension of minimally invasive resective surgery to us in an eye-opening way.



The course was highly informative, and everything was taught in extreme detail. Prof Dr Hürzeler started with a thorough explanation of the similarities and differences in the anatomy and histology between the buccal, palatal, and lingual flaps, followed by a sharing of his experiences and ideas of applying current knowledge and micro-instruments on the flap design, incisions, flap preparation and manipulation, suturing, and flap closure. Numerous cases were then presented to allow participants to visualise how to apply those theoretical concepts to clinical reality. In order to ensure these concepts were accurately delivered to each participant, we had the chance to practise each surgical flap on pig jaws. Prof Dr Hürzeler supervised

the hands-on practice himself, inspected the work of each participant, and gave valuable comments individually. A total of four hands-on practice sessions were organised, with a total duration of more than ten hours of practice within this five-day course.

Cutting-Edge Implant Therapy

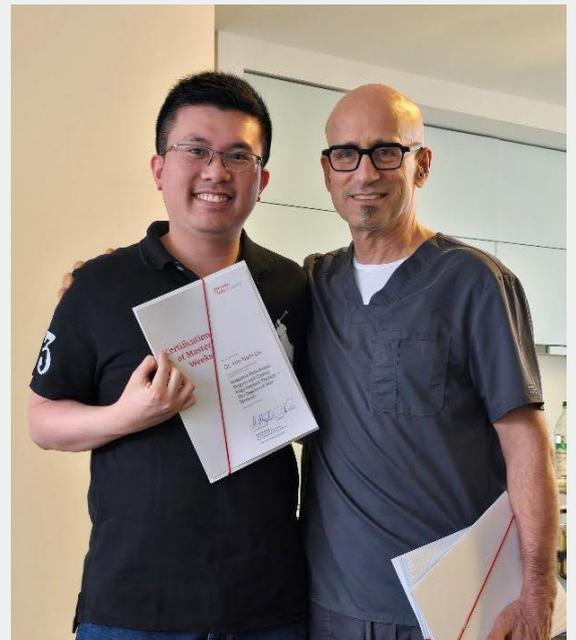
Implant therapy is so common today that the estimated number of implants placed per year worldwide is at least fifteen million. It is also known that peri-implant disease is prevalent, especially in periodontally-compromised patients. Therefore, Prof Dr Hürzeler explained his ideas on the prevention of peri-implant disease during the planning and placement of implants while achieving necessary aesthetics.



Prof Dr Hürzeler shared his vision on simplifying implant treatment – aiming to complete an implant treatment within two to three visits in most clinical situations, even in cases that require significant bone augmentation. He achieves this by developing new surgical flap designs that make combining several surgeries into one single surgery possible. Again, after a comprehensive explanation of his concepts, he showed us his cases to demonstrate that this miracle could indeed happen, and as a matter of fact, happens routinely in his clinic. Live surgeries and hands-on practice on pig jaws were also arranged to illustrate the practicability of his concepts.

Post-course Personal Reflection

World-renowned international speakers in periodontology are always able to offer new insights into the field, and Prof Dr Hürzeler is no exception. This course not only helped improve my practical skills, but it also taught me how to understand and interpret literature. A lot of classic and current literature were discussed during the course. Prof Dr Hürzeler essentially “dissected” the literature as if explaining the flaps of his surgeries, spotting “blind spots” and tearing down many “fairy tales”. I consider the skill of interpreting and critically analysing literature crucial, especially in this era of information overload. Another important skill I have learnt is to obtain critical messages from different literature and combine them to give a better picture.



In addition, this course is absolutely a game-changer for me in the aspect of surgical planning and execution, as I start to look at cases from a totally different angle. Reducing the number of surgeries without compromising treatment outcome nor increasing risk and morbidity indeed is what patients truly want, and Prof Dr Hürzeler demonstrated this possibility repeatedly with his innovative ideas – carrying out surgery in accordance with biological principles such that it is working along with Mother Nature rather than going against her.

Furthermore, Prof Dr Hürzeler’s love and passion for periodontology, willingness to learn and

strive towards self-improvement, and his eagerness to teach and pass on knowledge to others, are important characteristics that inspire me the most. I hope that I can also impart these traits and knowledge to the next generation of periodontists through teaching in the post-graduate programme and as a trainer in the specialty of Periodontology.

King's College London & University College London



For the second week, I had the honour of attaching to the postgraduate programmes at King's College London (KCL) and University College London (UCL), which were led by Professor Luigi Nibali and Professor Francesco D'Aiuto respectively. The full-time post-graduate programmes of periodontology (Master of Clinical Dentistry in Periodontology) at these two universities are also accredited by



the European Federation of Periodontology, sharing the same status as the Master of Dental Surgery in Periodontology provided by the University of Hong Kong (HKU).



Throughout the three years of training in both programmes, students are expected to be able to have a solid basic knowledge in periodontology and implant dentistry. They also have the chance to develop clinical skills and confidence by completing twenty to thirty cases. Finally, they are required to submit five comprehensive periodontal and implant cases for their final examination in the third year of the programme. To be registered as a specialist in

the United Kingdom, they are also required to obtain a membership in one of their colleges, such as the Royal College of Surgeons of Edinburgh.

Case Conference, Journal Club & Seminar

I was invited to join the case conference at KCL. I learnt that most of their cases had a complicated medical history, often presenting with multiple chronic diseases with a long list of medications. The presenter that day spent a significant amount of time correlating the medical history and its effects



on periodontal disease and treatment. I was impressed by the quality of the discussion between the students and their clinical supervisor, Dr Emily Lu. Every detail of the case was well-discussed, and Dr Lu was skilful in spotting out critical points to guide the presenter's thinking, and to help them gain a better understanding of the case and different situations. Journal club was also a fruitful session, helping students see beyond the "Abstract" of research papers and dig deeper into the "Material and Methods" and "Results" sections as well.

Moreover, I had the privilege to attend a seminar by Professor Kenneth Eaton at UCL. It focused on the epidemiology of periodontal disease in the United Kingdom. In addition to providing us with numbers and data, Professor Eaton shared his insights on the principles of periodontal epidemiology. It was an interesting seminar, and it reinforced the importance of periodontal disease detection within a population.



Clinic and Campus Visits



The clinic at KCL is fairly large and has an open bay design, accommodating around 160 undergraduates at different times. At UCL, patients use a passageway to the clinic rooms that was separate from the hallway used by students and staff, where treatment plan discussions often take place. The clinical schedules at KCL and UCL are quite similar, with both having 4-5 clinical sessions per week. At both universities, students have 1-on-1 dental assistant support during surgical

treatments. One difference they have from our programme at HKU is that third year students at UCL are responsible for teaching first year students during clinical sessions. As for facilities, UCL boasts 4 well-equipped simulation laboratories for postgraduate training, as well as for providing continuing professional development opportunities, which is mandatory in the UK.

Post-Attachment Personal Reflections



After visiting the two universities, I felt that the clinical facilities, ancillary staff support, clinical exposure, training, knowledge, and clinical skills that we have in Periodontology Discipline at the University of Hong Kong for our Basic and Higher Trainee are on par with, if not better than, our peers in the United Kingdom.

One key thing that I found in common among all periodontists, in Hong Kong, the UK, and possibly the rest of the world, is the desire to strive for excellence.

This core belief has been continually passed on from

senior colleagues to juniors. It is my pleasure to be able to meet and be inspired by people who share the same goal across the world, who motivate me to always seek to improve, and who make me proud to be a part of this community. This journey towards excellence is definitely not easy, but with time and continuous effort, determination and perseverance, I am confident that we will be able to achieve great things for the benefit of our patients.

Dr LIU Hin Nam

Specialist in Periodontology

EXAMINATION RESULTS

The following Higher Trainees were successful in the Specialty Exit Examinations and have completed their specialist training pathway:

Family Dentistry

Dr LAM Ching	林晶
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Periodontology

Dr FOK Tat Chuen	霍達川
Dr HO Ka Leong	何嘉亮

The Intermediate Examinations were held between March and May 2024. The following candidates were successful in passing the Intermediate Examinations:

Community Dentistry

Dr CHU Wing Ho	朱永豪
Dr CHAN Ka Wai Kathy	陳嘉蕙
Dr CHOW Wing Yi Winnie	周穎儀
Dr CHAN Wai Ling	陳慧玲

Family Dentistry

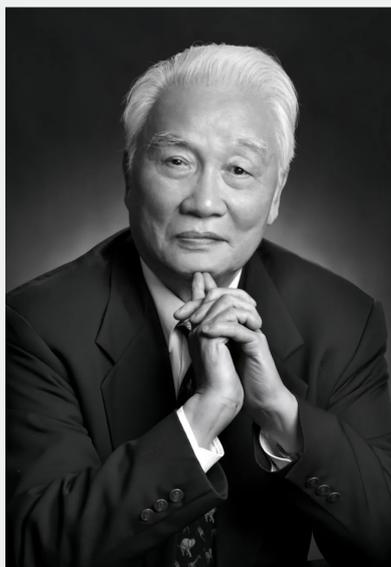
Dr LEUNG Wing Tung	梁詠彤
Dr TANG Ho Yeung	鄧浩揚

OBITUARY: PROFESSOR WEILIU QIU

Professor Weiliu Qiu

D.D.S., F.I.C.D.

13 October 1932 - 23 May 2024



It is with profound sadness that we announce the passing of Professor Weiliu Qiu, a luminary in oral and maxillofacial surgery, who died on 23 May 2024 in Shanghai.

Born on 13 October, 1932, Professor Qiu was a senior member of the Chinese Academy of Engineering since 2001. His pioneering contributions laid the groundwork for oral and maxillofacial surgery as well as head and neck surgery in China. He developed the full tunnel flap transfer technique and introduced innovative practices such as acupuncture anesthesia.

Photo is from
<<https://mp.weixin.qq.com/s/Xl6m6H2qVadKRsvV-Uu6cg>>

Professor Qiu's career was marked by numerous firsts, including performing China's inaugural combined craniomaxillofacial surgeries for advanced cancers. His work earned him over 30 National Science and Technology Progress Awards, the National Inventor Award, and the Ho Leung Ho Lee Foundation Prize, among other honors.

He served as Honorary Professor at Shanghai Jiao Tong University and held prestigious positions, including President of Shanghai Ninth People's Hospital and Dean of College of Stomatology. Despite his accolades, Professor Qiu was dedicated to fostering the next generation of medical professionals and advancing the field.

An Honorary Fellow of CDSHK, Professor Qiu was a respected figure worldwide. His legacy as a dedicated academic, leader, and scientist will continue to inspire future generations.

We extend our deepest condolences to his family, friends, and colleagues. His passing is a significant loss to the medical community, both in China and globally.

Dr CHOW Kwok Fai

Specialist in Oral & Maxillofacial Surgery

OBITUARY: DR JEFFREY TSANG



In Loving Memory of **Dr TSANG Yick Sang, Jeffrey, MBE**

Dr TSANG Yick Sang, Jeffrey, MBE, aged 92, passed away peacefully at Hong Kong Sanatorium and Hospital on 18 September 2024.

Jeffrey qualified as a dentist in 1960, and after a brief period of working in the Hong Kong Government Dental Services, was one of the few distinguished students selected for further dental training in London, where he obtained his orthodontic qualifications. Jeffrey's passion for teaching led him to become a member of the part-time teaching staff at the newly opened Prince Philip Dental Hospital, where his work and contributions were critical in the development of the dental faculty and profession.

Jeffrey was one of the longest serving dentists in Hong Kong. His distinguished career had led him to be chair in numerous dental associations. He was Chairman of the Dental Council of Hong Kong (1988-2006) and former President of the Hong Kong Dental Association (1972-1973). He was also the founding members of the Hong Kong Society of Orthodontists in 1981. He was also instrumental as a founding member of the Asia Pacific Orthodontic Society, where Hong Kong orthodontists could showcase our work and contributions on the international stage.

Hong Kong society members and close friends will fondly remember Jeffrey's quick wit and a sharp sense of humour that was uniquely his own. His eye for details and his ability to plan the most complicated and detailed events in HKSO with his signature style and flair will never be forgotten.

We extend our condolences to his family and pray for them in their most difficult of times. We fondly remember our past chairman, teacher, mentor, colleague and friend whom we all had the privilege to know and learn from.

Dr TRAN Chanh Duong

President, The Hong Kong Society of Orthodontists (HKSO)

TRIBUTE FOR THE MEMORIAL MASS OF DR JEFFREY TSANG



In Loving Memory of
Dr. Jeffrey YS TSANG, MBE

FHKAM (Dental Surgery) 1993, FCDSHK (Ortho) 2000, Hon FCDSHK (2007)

Dr. Jeffrey YS TSANG, a distinguished orthodontist and esteemed leader in dentistry, passed away peacefully on September 18, 2024 in Hong Kong.

Dr. TSANG significantly contributed to the profession as one of Hong Kong's most tenured dentists. In addition to serving the Dental Council of Hong Kong and the Hong Kong Dental Association, Dr. TSANG also held a significant role in founding the Hong Kong Society of Orthodontists and establishing the Asia Pacific Orthodontic Society. Dr. TSANG's impact extended beyond Hong Kong, as he held prominent roles in various international dental organizations, including the Asia Pacific Dental Federation, the International College of Continuing Dental Education, and the International College of Dentists. His dedication to elevating dental practice standards and promoting professional development was exemplary.

Dr. TSANG had been supporting the College of Dental Surgeons of Hong Kong (CDSHK) since the early days after our establishment. Dr. TSANG served as Council member from 1998-2000 and he participated in many examinations including: CDSHK Intermediate (Orthodontics) and/or Conjoint MOrth RCSEd (Orthodontics) Examiner in 1996, 1997, 1999, 2001-2002, and 2004-2007; Exit (Orthodontics) Examiner 2007 and 2009. In order to recognize his achievement and support to the CDSHK and the dental profession, he was awarded the Honorary Fellowship, the highest recognition for his contributions and caliber, as a CDSHK Fellow in 2007. The CDSHK pays tribute to Dr. Jeffrey YS TSANG, honoring his remarkable dentistry contributions and enduring impact on the

dental community. We extend our deepest condolences to his family and loved ones during this difficult time.

May Dr. Jeffrey YS TSANG's memory be a blessing and his legacy of excellence in dentistry be cherished forever.

Professor LEUNG Wai Keung
The College of Dental Surgeons of Hong Kong

Details of memorial mass of Dr Jeffrey Tsang:

Date: 30 October, 2024

Time: 3pm

Venue: St John's Cathedral

CDSHK SECRETARIAT

The College Secretariat assists in the daily running of College matters, and consists of 5 staff members as follows:

Staff	Title	Contact
Ms Iris YEUNG	Senior Executive Officer	2871 8891
Mr Alaric CHEUNG	Executive Officer	2871 8864
Ms Mousse HO	Executive Officer	2871 8866
Ms Arleana KAM	Executive Officer	2871 8734
Ms Serina SO	Executive Officer	2871 8732

The Secretariat is at your service and provides necessary support for all Fellows, Members and Trainees. Please do not hesitate to contact us if you have any queries.



CDSHK members information update: please send email to info@cdshk.org

Fellow information update in HKAM: please send email to edmem@hkam.org.hk

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